



COMMONWEALTH OF VIRGINIA

Board of Veterinary Medicine

Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, VA 23230-1717

(804) 662-9915

Instructions to Applicants

Fill in your name, name of licensing board and send one copy of this form to each board by which you are, or have been, licensed or certified to practice as a veterinary technician.

TO:

State and Name of Board

FROM: VIRGINIA BOARD OF VETERINARY MEDICINE

_____ has applied for licensure or the reinstatement of their Veterinary Technician license in Virginia. We would appreciate if you would complete the following information regarding this applicant and return to above address.

1. License number _____ Date Issued: _____
2. Basis for Licensure: _____ National Board Examination
_____ State Board Examination
_____ Other
3. Has this license or certificate ever been suspended, revoked, or disciplined in any way? Yes _____ No _____. If yes, please provide details.
4. Are there any pending disciplinary cases Yes _____ No _____ If yes please provide details
5. Do you have any derogatory information concerning this applicant? Yes _____ No _____. If yes, please provide details
6. Does your board currently license this applicant? Yes _____ No _____

Signature of Authorized Person

Title

Date

SEAL